FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	O	RGANIZA	IIO	N		
		(See instruction	ıs)			Office use only
1. NAME OF COMMITTEE (in	n full) (	Check if name s changed)	Exam over	nple: If typying, type the lines	12FE4M	5
Williams and	Jensen, PLLC Poli	tical Action Cor	nmittee			
ADDRESS (number and	d street) 701 81	h St, N.W.				
(Check if address X is changed)	Suite Suite	500				
	Wash	ington		шш	DC	20001 -
			CITY		STATE	ZIP CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS (Please p	-		ess)		
(Check if address is changed)	ss mgke	lley@wms-jen.c	om			
	B PAGE ADDRESS (UF	RL)				
(Check if addre is changed)	SS I I I					
2. DATE 0	M / D D / Y	<sup>Y</sup> 2 0 1 0				
3. <b>FEC IDENTIFIC</b>	ATION NUMBER	C	COO	039206		
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)		
I certify that I have exar	mined this Statement and t	o the best of my knov	vledge and	d belief it is true, correct a	and complete	
					·	
Type or Print Name o	f Treasurer	Steven Hart				
Signature of Treasure	er Electronically Filed	by <b>J. Steven I</b>	<del>l</del> art		Date 0	3 / 19 / 2010
NOTE: Submission of f				e person signing this Sta		nalties of 2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)